PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRICTIONS: This form should be used for transmitting the ISSUE IEE and PUBLICATION IEE (if required) blocks. I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance few will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance few notifications.

maintenance fee notificati	ons.						
CURRENT CORRESPONDED	F	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
20575	7590 11/19	/2010				=	
MARGER JOH 210 SW MORRIS PORTLAND, OR	I S a	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (5/1) 273-2885, on the date indicated below.					
			Γ				(Depositor's name)
			F				(Signature)
			F				(Date)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY D		CONFIRMATION NO.
09/545,691	04/07/2000		Barrie Gilbert			1482-132	2100
TITLE OF INVENTION:	RF MIXER WITH INI	DUCTIVE DEGENERAT	TION				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0		\$1510	02/22/2011
EXAMI	EXAMINER		CLASS-SUBCLASS	7			
SOBUTKA, PHILIP		2618	455-333000	_			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys				
☐ Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patient attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AN	D RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or	type)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIG		(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Analog Devices, Inc.			Norwood, Massachusetts				
Please check the appropriate assignee category or categories (will not be printed on the patent): 🚨 Individual 🚨 Corporation or other private group entity 🚨 Government							
4a. The following fee(s) as	re submitted:	Al	Payment of Fee(s): (P	leace first reannly a	ny nrev	ionely paid issue fee	chown above)
Issue Fee	ic submitted.	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.					
☐ Publication Fee (No small entity discount permitted)			Payment by credit card. Poor OCONDO CONDO CONDUCTOR VIOLENCE VIA EFS submission				
Advance Order - # of Copies			☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>13-1703</u> (enclose an extra copy of this form).				
5. Change in Entity State	us (from status indicate SMALL ENTITY statu		☐ b. Applicant is no l	onger claiming SMA	II ENT	TTV status See 37 Cl	ER 1.27(a)(2)
							he assignee or other party in
Authorized Signature /Joseph S. Makuch/				Date February 22, 2011			
Typed or printed nameJoseph S. Makuch				Registration No. 39,286			
This collection of informa an application. Confidenti submitting the completed this form and/or suggestio Box 1450, Alexandria, Vi Alexandria, Virginia 2231	tion is required by 37 C ality is governed by 35 application form to the ns for reducing this bur rginia 22313-1450. DC 3-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to th O NOT SEND FEES OR	on is required to obtain of 1.14. This collection is depending upon the in e Chief Information Of COMPLETED FORMS	or retain a benefit by estimated to take 12 dividual case. Any co icer, U.S. Patent and TO THIS ADDRES	the publ minutes omment Traden S. SENI	ic which is to file (and to complete, including s on the amount of the park Office, U.S. Dep O TO: Commissioner	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.